

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT State of Nevada

Nevada DOCPAC

Name (print) **185 Greenwood Road, Napa, CA 94558** Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) **lsiadek@thedoctors.com** Telephone No. **(800) 225-0373**
 E-Mail Address _____

Select Appropriate Box(es): ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL. PARTY ☐ IND. EXP. ☐ AMENDED ☐ AMPLA. FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

☐ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☒ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

FILE
OCT 25 2004
Dean Heller
DEAN HELLER
SECRETARY OF STATE
 FOR OFFICE USE ONLY

CONTRIBUTIONS SUMMARY		Cumulative from Beginning of Reporting Period through End of this Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	\$0.00	\$1,557.65
2. Total Monetary Contributions Received of \$100 or Less	\$37.50	\$37.50
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	\$37.50	\$1,595.15
4. Total Value of In Kind Contributions Received in Excess of \$100	\$0.00	\$0.00

EXPENSES SUMMARY		Cumulative from Beginning of Reporting Period through End of this Reporting Period
5. Total Monetary Expenses Paid in Excess of \$100	\$16,000	\$16,000
6. Total Monetary Expenses Paid of \$100 or Less	\$0.00	\$0.00
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	\$16,000	\$16,000
8. Total Value of In Kind Expenses in Excess of \$100	\$0.00	\$0.00

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Leona Egeland Siadek
 Signature **Leona Egeland Siadek**

Date **10/25/04**

Report Period # 2

Name (print) _____

Office (if applicable)

District (if applicable)

[illegible]

EL201.doc

Revised: Jan-04

PAGE 2 OF 6

Nevada DCPAC

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Nevada DOCPAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.386	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Heck4Senate5 2290 S Jones Blvd., #100 Las Vegas, NV 89146	J	10/15/04	\$1,000.00
Nevadans Against Frivolous Lawsuits - c/o Jones Vargas 3773 Howard Hughes Prkwy, Third Floor South Las Vegas, NV 89109	J	10/15/04	\$5,000.00
The Committee for Affordable & Accessible Healthcare P.O. Box 750429 Las Vegas, NV 89136	J	10/15/04	\$10,000.00

This page may be copied or duplicated if additional space is needed.

Nevada DCPAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 8 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN-KIND CONTRIBUTION	DESCRIPTION OF EACH IN-KIND CONTRIBUTION	VALUE OR COST OF EACH IN-KIND CONTRIBUTION	CHECK HERE IF CAN
None	None	00/00/00	\$0.00	N/A

This page may be copied or duplicated if additional space is needed.

Nevada DCPAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 13 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN-KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF IN-KIND EXPENSE	DATE OF IN-KIND EXPENSE	VALUE OR COST OF IN-KIND EXPENSE
None	None	00/00/00	\$0.00

This page may be copied or duplicated if additional space is needed.